

FOR PAPER FILING ONLY

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Anne Hoffman Porter to Bexley City Council									
To Whom Paid Huntington National Bank						M	D	Y	Amount 5.41
Address 5003 E. Main Street			Purpose Bank Charges						
City Columbus			State OH <input checked="" type="checkbox"/>	Zip Code 43209		Check Number			
To Whom Paid Trees for Bexley						M	D	Y	Amount 888.98
Address 2242 E. Main Street			Purpose Charity 501c(3) organization						
City Bexley			State OH <input checked="" type="checkbox"/>	Zip Code 43209		Check Number cashiers			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH <input checked="" type="checkbox"/>	Zip Code		Check Number			